

UNITED STATES DISTRICT COURT

for the  
District of Alaska  
Division

RECEIVED

OCT 12 2023

CLERK, U.S. DISTRICT COURT  
ANCHORAGE, AK

DION KIRK HUMPHREY

Case No. 3:22-cv-00009-JMK

(to be filled in by the Clerk's Office)

*Plaintiff(s)*

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

RENEE STRAUBE, Protective Service Specialist 1;  
JULIETTE ROSADO, MS Clinical Therapist; ALASKA  
OFFICE OF CHILDREN SERVICES; and NORTHSTAR  
BEHAVIOR HEALTH

Jury Trial: (check one)  Yes  No

Second  
AMENDED

*Defendant(s)*

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**

(Non-Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

## I. The Parties to This Complaint

### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	DION KIRK HUMPHREY		
Address	7411 Woburn Circle APT #3		
	Anchorage	AK	99502
County	City	State	Zip Code
	(907) 342-7036		
Telephone Number			
E-Mail Address	dion98225@gmail.com		

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

#### Defendant No. 1

Name	STATE OF ALASKA OFFICE OF CHILDREN SERVICES		
Job or Title (if known)			
Address	323 E 4th Ave		
County	Anchorage	AK	99501
Telephone Number	City	State	Zip Code
E-Mail Address (if known)	(907) 269-4000		
<input checked="" type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity			

#### Defendant No. 2

Name	RENEE STRAUBE		
Job or Title (if known)	Protective Specialist 1		
Address	323 E 4th Ave		
County	Anchorage	AK	99502
Telephone Number	City	State	Zip Code
E-Mail Address (if known)	(907) 269 -4000		
<input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

## Defendant No. 3

Name	NORTHSTAR BEHAVIOR HEALTH		
Job or Title ( <i>if known</i> )			
Address	2530 Debarr Rd		
	Anchorage	AK	99508
	City	State	Zip Code
County			
Telephone Number	(907) 258-7575		
E-Mail Address ( <i>if known</i> )			
<input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

## Defendant No. 4

Name	JULIETTE ROSADO		
Job or Title ( <i>if known</i> )			
Address	2530 Debarr Rd		
	Anchorage	AK	99508
	City	State	Zip Code
County			
Telephone Number	(907) 258-7575		
E-Mail Address ( <i>if known</i> )			
<input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

## B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Title 18 USC Section 242 and "FAMILIAL INTEGRITY" Due Process Violation of the Fourteenth Amendment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

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### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

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A. Where did the events giving rise to your claim(s) occur?  
State of Alaska Office of Children Services and Northstar Behavior Health ANCHORAGE ALASKA

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B. What date and approximate time did the events giving rise to your claim(s) occur?  
October 7, 2021

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C. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

ROSADO employed by Northstar Behavior Health "unlawfully" communicated with OCS/STRAUBE by "joint participation" in a TDM meeting "prior" to the Superior Court "unsubstantiated" emergency custody order which "misrepresented" the truth of Physical abuse and Neglect in the finding of probable cause resulting in the loss of custody of E.H for seven months depriving Plaintiff and son of their fundamental constitutional and statutory rights. see Exhibits B,C and D

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#### **IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Plaintiff received Mental Anguish and Emotional Distress to not financially afford needed medical treatment and Plaintiff's son EH is presently receiving Mental Health Counseling

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#### **V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

**NOMINAL DAMAGES: \$7 Million**

- 1). Vindicate any deprivation of Humphrey Family U.S Constitutional Guarantees
- 2). The Defendant(s) acted under the "Color of Law" as officers of a local Governmental entity.
- 3). Humphrey(father/son) had been deprived of the Constitutional Right to Due Process.
- 4). That the Defendant(s) subjected and caused Humphrey(father/son) to the deprivation.

**COMPENSATORY and GENERAL DAMAGES: \$7 Million**

- 1). Guarantee Humphrey(father/son) the feelings of just treatment by the Government.
- 2). Protect Humphrey(father/son) against the mistaken or unjustified deprivation of life and liberty.
- 3). Would redress other U.S Constitutional Guarantees however remained unresolved.

**PUNITIVE DAMAGES: \$7 Million**

- 1). Malicious intentions to deprive Humphrey(father/Son) of their Due Process.

**VI. Certification and Closing**

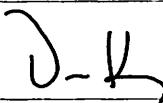
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/04/2023

Signature of Plaintiff



Printed Name of Plaintiff

Dion Humphrey

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

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Printed Name of Attorney

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Bar Number

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Name of Law Firm

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Address

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*City*

*State*

*Zip Code*

Telephone Number

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E-mail Address

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